Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN			
T	OTAL CLAIMS	3	17					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			11 minus 20=		.57			XS 9	= 5/3	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		1.			X43=		OR	X86=		
M	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145:		OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	1199]	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	12101		Column 2) (Column 3) HIGHEST			JMAL	ADDI-	1		ADDI-			
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE			RATE	TIONAL FEE	
	Total	. 22	Minus	-)	7			X\$ 9=	0	OR	X\$18=	•	
	Independent	· 2-	Minus	*** /	0_	<u> </u>		X43=	0	OR	X86=	:	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOT/		ОЯ	TOYAL ADDIT, FEE		
10/30/57 (Column 1) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	• 1	7.7	•0		X\$ 9=	0	OR	X\$18=		
	Independent	• 2	Minus	*** /	D	• ()	ll	X43=	0	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTA		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	64		-		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	1	X43=	·	OR	X86=		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	·	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
000	the "Lichest Nu	mber Previously Pa mber Previously Pa ber Previously Pald	M For IN TH	S SPACE &	less that	1 3, enter "3."		DOIT. FEI	<u> </u>	,	ADDIT. FEE		
1	ne rugnest reum	DE PROVINCES PER	ro-(total d	unebende	whis ag.	man reserved			bhu obi min agu	. 40. 18.00			

Application or Docket Number